

CERTIFICATION RECORD REVIEW

Individual's Name: _____ Date: _____ Date of Birth: _____
 Reviewer: _____ Provider Agency: _____
 Case Management Agency: _____ Guardian? _____

Y/N	<u>RECORD ITEMS FOR ALL PROVIDERS</u>
	Allergy alerts with history of allergies (make sure allergies are consistent throughout record)
	Consents – legally adequate, updated annually
	Dental exam, annual
	Emergency Contact numbers
	Financial records (if applicable)
	Goals and Objectives
	Grievance and appeals system – description of
	HRST results (scoring summary) updated and current
	Incident Reports (may be kept in a separate binder with other agency IR's)
	LOC (Level of Care determination)-Current
	Life History
	MAP 350 at admission and updated annually
	Medication records, including copies of prescriptions
	Name, Social Security number, MAID #
	Notes: Monthly _____ Contact _____
	Participant Summary
	Photograph of the individual -recognizable
	Physical examination results, annually
	POC: maintained as current and complete at each service site <ul style="list-style-type: none"> • SCL2 – includes MAP 530, sign in sheet, and Narrative • SCL2 – includes MAP 531 and confirmation of approval (case management records only)
	POC: Services and supports align with assessed needs
	POC: Plan of care reflects individual's goals and preferences
	POC: Plan of care includes appropriate risk mitigation
	POC: Compliance with waiver service plan requirements
	POC: Plan of care is based on what is important to and for the person
	POC: Appropriate change in service related to change in needs w/in the year
	POC: Choice has been offered between waiver services and institutional care and between/among services and providers
	Positive Behavior Support Plan based on Functional Assessment (if applicable)
	Prior Authorization Notifications
	Psychological Evaluation, at admission and if needed
	Rights – description of
	Rights Restrictions _____, Due Process _____
	Safety Plan if applicable
	SIS - Family Friendly form
	Staff trained on Individualized Needs

SUPPORTS provided by this agency: _____
 SUPPORTS provided by different agency: _____